. Health,				ISION OF HEALT	•	1	44511
& Welfare . Public h Service	FILED JAN	8 1958 Registration	STANDA District No	_	ATE OF DEATH mary Registration District h		Registrar's No. 6073
o S. 300	1. PLACE OF DEA o. COUNTY	TH Jackson			2. USUAL RESIDENCE a. STATE	E (Where deceased lived. ならのひでも. COUNT	If institution: Residence before admission)
v. 1–57		side corporate limits, quantital ansas City		Inside Limits Yes ∰ No ☐	c. CITY OR TOWN B	ranch	Inside Limits OYes No
	c. FULL NAME HOSPITAL O INSTITUTION	OF (If NOT in hospital RTrinity 1	1, give location) Lenutheran	igth of stay in 1b	d. STREET ADDRESS	(If outside, give	location Yes No
	3. NAME OF DECE (Type or print)	ASED First Lill		iiddle Mo	Moulder		Aonth Day Year 2/21/1957
	5. SEX I	6. COLOR OR RA	MAKKIED (F) NI	EVER MARRIED DIVORCED	8. DATE OF BIRTH 1/10/1906	9. AGE (In years 51 pst birthday)	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
e listed		ION (Give kind of work a king life, even if retired)			11. BIRTHPLACE (City and Max Creek	Missouri	12. CITIZEN OF WHAT COUNTRY?
ms will b	130. FATHER'S NAME	Degraf	~ •	Dora	Parrack	14. NAME OF HUSBA Howard	ND OR WIFE B. Moulder
No sympton POSSIBLE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hus:band:						
18. % F F PC	18. CAUSE OF 1 PART I.	DEATH WAS CAUSE	e cause per line for (a), OBY:	, (b), and (c).)	and the same	chart Surear	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE	(a) <u>Cordio</u>	con	is anny	mas surger	y. Judden
	Conditions		0	mia .	aring	The Sugar	
iture in item TYPEWRIT	Conditions which gav above ca stating the	s, if any, DUE TO	(b) anofe	mia na uju	Lung	Lle	4 weeks 3 t gweeks
	which gave ca above ca stating th lying cau	s, if any, et last to be under last to bu under last. DUE TO	(c) Correspondence (c) Correspon	Resolu	r Lung not related to the terminal dis- ed pressure	ease condition given in PART	3 \ Sweek T I (a) 19. WAS AUTOPSY PERFORMED? YES □ NO.
standard nomenclature in item illy related. INK OR RIBBON TYPEWRIT	which gave ca stating the lying cau	a, if any, or clase to use (a), a under- use tost. DUE TO OTHER SIGNIFICANT C	(b) Anofer (c) Conner ONDITIONS CONTRIBUT CON right	Resolu	r Lung	ease condition given in PART	3 \ Sweek T I (a) 19. WAS AUTOPSY PERFORMED? YES □ NO.
se only standard nomenclature in item be causally related. BLACK INK OR RIBBON TYPEWRIT	which gave constitution of the constitution of	SUICIDE HOMICIE Hour Month, Day, Year.	(c) Corumon ONDITIONS CONTRIBUT CON MIGHT DE 206. DESCRIBE	HOW INJURY OCC	not related to the terminal dis- red pressure CURRED. (Enter nature of	ease condition given in PART	Streethe 3 ↑ Sweethe T I (a) 19. WAS AUTOPSY PERFORMED? YES □ NO. 18.)
must use only standard nomenclature in item I must be causally related. ONLY BLACK INK OR RIBBON TYPEWRIT	Which gave above ca starting the lying cau PART IN 20a. ACCIDENT 20c. TIME OF INJURY OC WHILE AT N	SUICIDE HOMICIE Hour Month, Day, Year. CURRED 20e 100 TO DUE TO SUICIDE HOMICIE DUE TO DUE TO DUE TO SUICIDE HOMICIE DUE TO SUICIDE HOMICIE DUE TO SUICIDE HOMICIE DUE TO DUE TO DUE TO DUE TO DUE TO SUICIDE HOMICIE SUICIDE HOMICIE DUE TO SUICIDE HOMICIE SUICIDE HOMICIE SUICIDE HOMICIE SUICIDE HOMICIE DUE TO SUICIDE HOMICIE SUICIDE HOMICI	(c) Corumon ONDITIONS CONTRIBUT CON MIGHT DE 206. DESCRIBE	HOW INJURY OCC	not related to the terminal dis- ed Snewson CURRED. (Enter nature of	ease condition given in PART injury in PART 1 or PART	Stucella 3
n, etc. must use only standard nomenclature in item n Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRIT	Which go above ca stering the lying cau from the lying cau PART IP 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OC WHILE AT N WORK 21. I ottended the	SUICIDE COMMINE CONTROL OF WHILE OF TWO IS A CONTROL OF TWO IS A C	(b) Anofe (c) Corumn (c) Corumn (d) Corumn (d) Corumn (d) Corumn (e) Corumn (HOW INJURY OCC	not related to the terminal discrete formula discrete for	ease condition given in PART injury in PART 1 or PART LOCATION Consist saw her alive on	Sweeks TI (a) 19. WAS AUTOPSY PERFORMED? YES NO
coroner, etc. must use only standard nomenclature in item esses in Part I must be causally related. 8.5 USE ONLY BLACK INK OR RIBBON TYPEWRIT	Which gave above ca stating the lying cau PART IS 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OC WHILE AT NOW WORK 21. I attended the Death occurre 22a. SIGNATURI	SUICIDE HOMICIE Whom Month, Day, Year, More Correction of the Cor	(b) Anofe (c) Corumn (c) Corumn (d) Corumn (d) Corumn (d) Corumn (e) Corumn (HOW INJURY OCC	not related to the terminal dis- red presente CURRED. (Enter nature of te. 20f. CITY, TOWN, OR Rev. 2/, 1957 and to the date stated above; and to 22b. ADDRESS 124 North Car	ease condition given in PART LOCATION Const saw her alive on to the best of my knowledge Carnorry Carnor	State 3 to ella 3 to greek T I (a) 19. WAS AUTOPSY PERFORMED? YES NO. NO. OUNTY STATE OUNTY STATE Caccura 2/ 957 e, from the causes stated. Cost 22c. DATE SIGNED Mo 12/2 2/57
Doctor, coroner, etc. must use only standard nomenclature in item All dissosss in Part I must be causally related. Bates USE ONLY BLACK INK OR RIBBON TYPEWRIT	Which gave above ca stating the lying cau PART IS 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OC WHILE AT NOW WORK 21. I attended the Death occurre 22a. SIGNATURI	SUICIDE HOMICIE Hour Month, Day, Yearm, DIE TO SUICIDE HOMICIE CURRED 20e. T WORK e deceased from deceased fr	(b) Anofe (c) Connect ONDITIONS CONTRIBUT ON LIGHT O	HOW INJURY OCC	not related to the terminal dis- red pressure CURRED. (Enter nature of te, 20f. CITY, TOWN, OR Red. 2/, (45) and to the date stated above; and to 22b. ADDRESS 124 North Care R CREMATORY 23	LOCATION LOCATION Constrain for part of part in part	Stucella 3
coroner, etc. must use only standard nomenclature in item esses in Part I must be causally related. 8.5 USE ONLY BLACK INK OR RIBBON TYPEWRIT	which gave above control of the part of th	SUICIDE Month, Day, Year, Month, Month, Day, Year, Month, Month, Day, Year, Month, Month, Day, Year, Month,	(b) Anofe (c) Continue ONDITIONS CONTRIBUT ON LIGHT OF 20b. DESCRIBE OF INJURY (form, foctory, street, or foctory, street	HOW INJURY OCC	not related the terminal discrete. CURRED. (Enter nature of the date stated above; and the date state	LOCATION CO sat saw her alive on to the best of my knowledge the LOCATION (Mry, town, o Buffalo, Mr 2. 26. REGISTRAR'S SIGN	Stucella 3

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R. H Hodge-	$\begin{pmatrix} z \\ A \end{pmatrix}$		1 Block East
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STATEMENT BY LICENSED EMBALMER

	I hereby certify	that the body whose	e name is recorded	on the reverse side of the	nis certificate was embalme
,	by me, or by	••••••	••••••	, Student	Émbalmer No

working under my personal supervision.

Student	Signed Ralkh Fullon
	3 5 () 3

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.